

* Work requester fills out this section.

☐ Standing Work Permit

Requester: <u>P. KROON</u>	Date: <u>7/30/04</u>	Ext.: <u>5114</u>	Dept/Div/Group: <u>PO/PHENIX</u>
Other Contact person (if different from requester): <u>SAL MAKINO</u>			Ext.: <u>3704</u>
Work Control Coordinator: <u>P. KROON</u>	Start Date: <u>8/4/04</u>	Est. End Date: <u>8/11/04</u>	
Brief Description of Work: <u>REPAIR FEM INSIDE SOUTH MUON MAGNET</u>			
Building: <u>1008</u>	Room: <u>IR</u>	Equipment: <u>N/A</u>	Service Provider: <u>PHENIX</u>

2. WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS

Radiation Concerns:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> Other
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer			
Safety Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material			
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input checked="" type="checkbox"/> Confined Space* <u>ZA</u>	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls		
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems		
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift		
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*		
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum		
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other		

* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No

Environmental Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.	
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by:	<input type="checkbox"/> Other		

Pollution Prevention (P2)/Waste Minimization Opportunity: ☒ None ☐ Yes

FACILITY CONCERNS

<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other
	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	

WORK CONTROLS

Work Practices

<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout <u>MAGNET</u>	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")	

Protective Equipment

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Other

Permits Required (Permits must be valid when job is scheduled.)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other

Dosimetry/Monitoring

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	

Training Requirements (List below specific training requirements)

CONFINED SPACE

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:

ES&H Risk Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Complexity Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Work Coordination:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High

If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)

WCC:	Date:
Service Provider:	Date:
Authorization to start	Date:
(Departmental Sup/WCC/Designee)	

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed):

— SEE ATTACHED —

Special Working Conditions Required:

Operational Limits Imposed: NONE

Post Work Testing Required: No

Job Safety Analysis Required: ☐ Yes ☒ No

Walkdown Required: ☒ Yes ☐ No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	P. Grogan	P. Grogan	21868	7/30/04
ES&H Professional	Robert Allen	Robert Allen	13163	7-30-2004
Other	C. Benson	C. Benson	15245	7/30/2004
Other				
Work Control Coordinator	P. Kroon	P. Kroon	17500	7/30/04
Service Provider				
Review Done: <input checked="" type="checkbox"/> in series <input type="checkbox"/> team				

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor: <u>Sal Marino</u>		Contractor Supervisor:	
Workers:	Life#:	Workers:	Life#:
<u>Sal Marino</u>	<u>U8234</u>		<u>167</u>
<u>SAL MARINO</u>	<u>15767</u>		
	<u>X7423</u>		

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name: <u>P. KROON</u>	Signature: <u>P. Kroon</u>	Life#: <u>17500</u>	Date: <u>8/4/04</u>
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6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ Yes ☒ No

Post Job Review (Fill in names of reviewers)			
Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Is any feedback required? ☐ Yes ☒ No

b) Workers: Are there better methods or safer ways to perform this job in the future? ☐ Yes ☒ No

8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name: <u>P. KROON</u>	Signature: <u>P. Kroon</u>	Life#: <u>17500</u>	Date: <u>8/23/04</u>
Comments:			

Repair FEM inside South Muon Magnet in PHENIX IR, Bldg. 1008.

Confined space entry - Class 2A: Enter the South Muon Magnet (MMS) in the PHENIX experimental hall at RHIC (bldg. 1008), and repair electronics module (FEM card). The detector chambers inside the MMS contain an inert gas (~~argon~~ ^{N₂}). Hazardous Atmosphere Testing is not required. The hazards are that entry is via ladder through an opening created by removal of the east vertical lampshade, about 11 feet above track level, and the magnet has a sloping floor (35 to 45 deg. From vertical) presenting the danger of a fall (about 6 feet elevation change down sloping floor). Though structural elements of the detector are within reach for support, further mitigation is provided by installing "steps" on the sloping floor, and adherence to the "two person" rule. When the magnet is occupied, two people must be present and within talking distance at all times.

This work is to be done by fully trained and experienced PHENIX personnel, under the supervision of Sal Marino. A properly executed and signed Confined Space Entry (CSE) Certification is required prior to entry.

Procedure

LOTO the power to the magnet coil at the power supply in 1008B. (Pearson) ^{8/14/04} *✓ ptk verbal from C.F. e-mail to follow.*
Verify that ~~only argon~~ ^{NO N₂} gas is flowing to the chambers. (Biggs) ^{8/14/04} *✓ ptk verbal from C.B.*

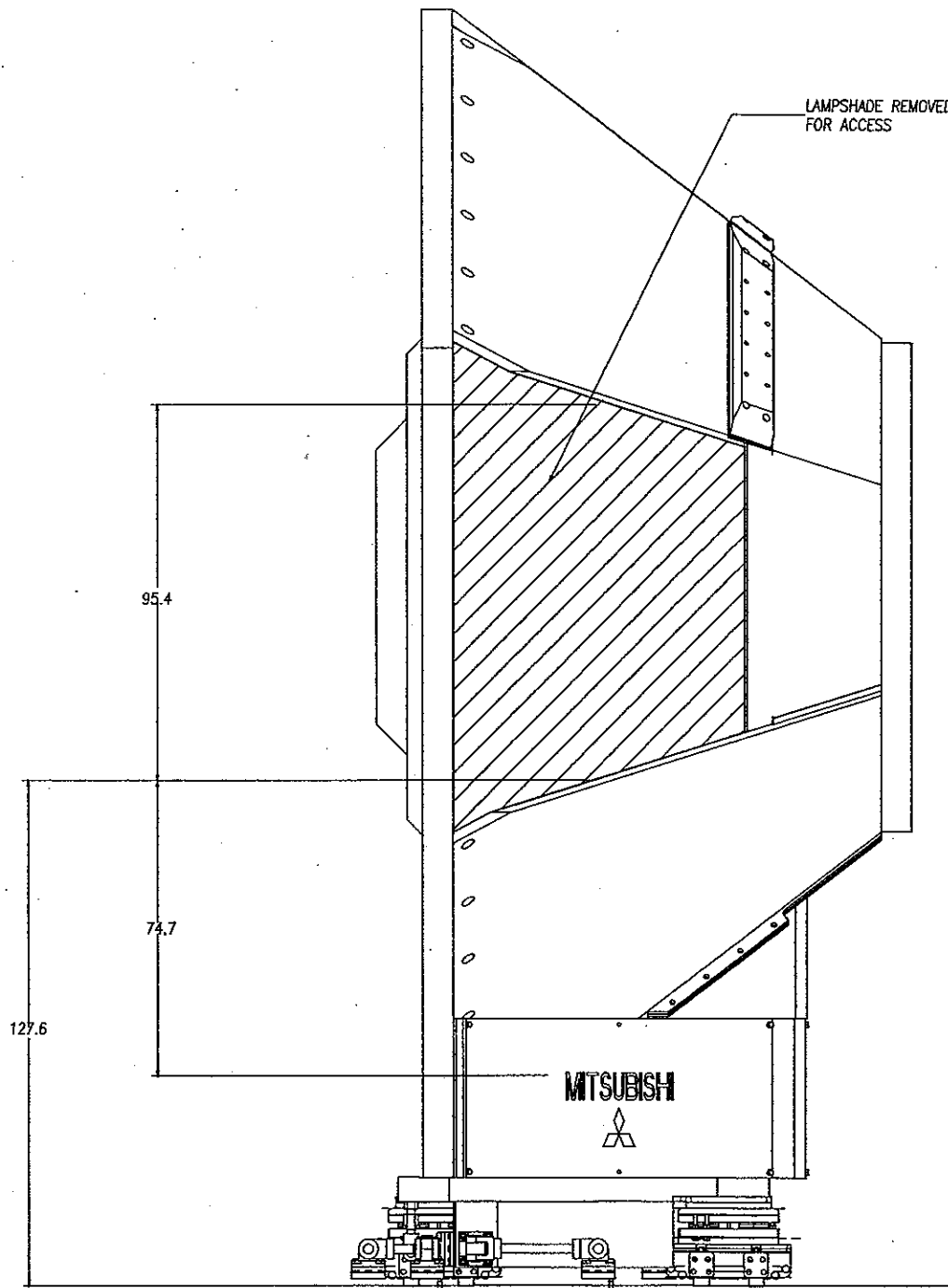
Secure a ladder to the east side of the MMS. (Marino)

Enter the magnet and install the pre-fabricated steps on the lower east lampshade panel, working from the bottom up. If access is required to any west-side electronics, the steps up the sloping west side will also be installed. Work is limited to the bottom three sectors of stations two and three and the lower crates of the vertical sectors that may be easily reached from the steps. (Marino, MuTr experts)

Enter the magnet and remove/repair/replace FEM components. If one person enters then a second will provide back-up at the entry hatch. (MuTr experts)

Once work is complete, remove the internal steps, sweep the magnet interior for tools and personnel and remove the external access ladder. (Marino, MuTr experts)

Remove LOTO on magnet power supply. (Pearson)



C-A CONFINED SPACE ENTRY CERTIFICATION

Location <u>PHENIX SOUTH MUON MAGNET</u>		Date <u>8/13/04</u>
Building <u>1008</u>	Area/Location/Room: <u>IR</u>	
Supervisor/Designee <u>SAL MARINO</u>		Classification from C-A Inventory List: <u>N/A</u>
		Life # <u>15767</u>

PRE-ENTRY QUESTIONS

For each item, check "yes" or "no": If no, consult Supervisor

	N/A	YES
Is entry essential to perform work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all employees been trained in confined space entry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are conditions safe to remove utility-hole cover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has opening been guarded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is monitoring equipment calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has monitoring been performed and recorded below?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is GFCI used, if outside or in wet conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is ventilation blown into bottom of space? (If required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to evacuate upon hazard detection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all workers reviewed these entry requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: If present, RWP may be required – review work with ESH Coordinator and/or RCD personnel. Evaluate hazards and controls.	<input checked="" type="checkbox"/>	

☐ Reviewed

SPACE CLASSIFICATION QUESTIONS

For each item, check box only if "yes"

	Class 2A	Class 2B	Class 2C
Engulfment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems:			
• Deenergized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized, but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Energized Systems: (e.g. steam, sewage)			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but Controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but not controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sources, introduced into space? (e.g. welding fumes, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature/Pressure Hazard? (other than steam utility-holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If ANY box in column 2C is checked, a Confined Space Permit IS required.
- If any box in column 2B is checked, and none in column 2C, a Confined Space Permit IS NOT required BUT continuous monitoring and ventilating ARE required.
- If only boxes in column 2A are checked, no additional requirements apply.

Classification evaluation

CLASSIFICATION CLASS: <u>2A</u>	I have completed the front and back of this Confined Space Entry Certification form and classified this space. If the confined space is classified as a 2C, I will obtain a Confined Space entry permit from the ESH Coordinator. If the space is Class 2B, continuous monitoring and ventilation is required and will be documented on this form.		
	Supervisor/Designee <u>SAL MARINO</u>	Life # <u>15767</u>	Date: <u>8/13/04</u>

C-A CONFINED SPACE ENTRY CERTIFICATION

Meter:	Serial # <i>SS 2004-133</i>	Calibration Date:
Day of Use Sensor Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Tested By: <i>N/A See WP#</i>		BNL#:

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Pre-Entry Certification test		<i>N/A See WP#</i>	<i>SS 2004-133</i>		
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Supplemental sampling record

CLASS 2B CONFINED SPACE ENTRY CERTIFICATION

For Class2B spaces, Hourly or Periodic monitoring is required.

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Class 2B: Describe Method of Ventilation:

C-A CONFINED SPACE ENTRY CERTIFICATION

Location <u>PHENIX SOUTH MUON MAGNET</u>		Date <u>8/12/04</u>
Building <u>1008</u>	Area/Location/Room: <u>IR</u>	
Supervisor/Designee <u>SAL MARINO</u>		Classification from C-A Inventory List: <u>N/A</u>
		Life # <u>15767</u>

PRE-ENTRY QUESTIONS

For each item, check "yes" or "no": If no, consult Supervisor

	N/A	YES
Is entry essential to perform work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all employees been trained in confined space entry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are conditions safe to remove utility-hole cover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has opening been guarded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is monitoring equipment calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has monitoring been performed and recorded below?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is GFCI used, if outside or in wet conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is ventilation blown into bottom of space? (If required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to evacuate upon hazard detection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all workers reviewed these entry requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: If present, RWP may be required -- review work with ESH Coordinator and/or RCD personnel. Evaluate hazards and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ Reviewed

SPACE CLASSIFICATION QUESTIONS

For each item, check box only if "yes"

	Class 2A	Class 2B	Class 2C
Engulfment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems:			
• Deenergized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized, but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Energized Systems: (e.g. steam, sewage)			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but Controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but not controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sources, introduced into space? (e.g. welding fumes, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature/Pressure Hazard? (other than steam utility-holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If ANY box in column 2C is checked, a Confined Space Permit IS required.
- If any box in column 2B is checked, and none in column 2C, a Confined Space Permit IS NOT required BUT continuous monitoring and ventilating ARE required.
- If only boxes in column 2A are checked, no additional requirements apply.

Classification evaluation

CLASSIFICATION CLASS: <u>2A</u>	I have completed the front and back of this Confined Space Entry Certification form and classified this space. If the confined space is classified as a 2C, I will obtain a Confined Space entry permit from the ESH Coordinator. If the space is Class 2B, continuous monitoring and ventilation is required and will be documented on this form.		
	Supervisor/Designee: <u>SAL MARINO</u>	Life # <u>15767</u>	Date: <u>8/12/04</u>

C-A CONFINED SPACE ENTRY CERTIFICATION

Meter:	Serial #	Calibration Date:
Day of Use Sensor Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>N/A See WP# SS2004-133</i>	
Tested By:		
		BNL#:

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O ₂)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H ₂ S ppm)	Other:
Pre-Entry Certification test					
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Supplemental sampling record

CLASS 2B CONFINED SPACE ENTRY CERTIFICATION

For Class2B spaces, Hourly or Periodic monitoring is required.

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O ₂)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H ₂ S ppm)	Other:
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Class 2B: Describe Method of Ventilation:

C-A CONFINED SPACE ENTRY CERTIFICATION

Location <u>PHENIX SOUTH MUONI MAGNET</u>		Date <u>8/11/04</u>
Building <u>1008</u>	Area/Location/Room: <u>IR</u>	
Supervisor/Designee <u>SAL MARINO</u>		Classification from C-A Inventory List: <u>N/A</u>
		Life # <u>15767</u>

PRE-ENTRY QUESTIONS

For each item, check "yes" or "no": If no, consult Supervisor

	N/A	YES
Is entry essential to perform work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all employees been trained in confined space entry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are conditions safe to remove utility-hole cover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has opening been guarded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is monitoring equipment calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has monitoring been performed and recorded below?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is GFCI used, if outside or in wet conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is ventilation blown into bottom of space? (If required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to evacuate upon hazard detection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all workers reviewed these entry requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: If present, RWP may be required – review work with ESH Coordinator and/or RCD personnel. Evaluate hazards and controls.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ Reviewed

SPACE CLASSIFICATION QUESTIONS

For each item, check box only if "yes"

	Class 2A	Class 2B	Class 2C
Engulfment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems:			
• Deenergized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized, but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Energized Systems: (e.g. steam, sewage)			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but Controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but not controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sources, introduced into space? (e.g. welding fumes, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature/Pressure Hazard? (other than steam utility-holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- If ANY box in column 2C is checked, a Confined Space Permit IS required.
- If any box in column 2B is checked, and none in column 2C, a Confined Space Permit IS NOT required BUT continuous monitoring and ventilating ARE required.
- If only boxes in column 2A are checked, no additional requirements apply.

Classification evaluation

CLASSIFICATION CLASS: <u>2A</u>	I have completed the front and back of this Confined Space Entry Certification form and classified this space. If the confined space is classified as a 2C, I will obtain a Confined Space entry permit from the ESH Coordinator. If the space is Class 2B, continuous monitoring and ventilation is required and will be documented on this form.		
	Supervisor/Designee: <u>SAL MARINO</u>	Life # <u>15767</u>	Date: <u>8/11/04</u>

C-A CONFINED SPACE ENTRY CERTIFICATION

Meter:	Serial #	Calibration Date:
Day of Use Sensor Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>N/A See WP# SS2004-133</i>	
Tested By:		
		BNL#:

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Pre-Entry Certification test	<i>N/A See WP# SS2004-133</i>				
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Supplemental sampling record

CLASS 2B CONFINED SPACE ENTRY CERTIFICATION

For Class2B spaces, Hourly or Periodic monitoring is required.

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Class 2B: Describe Method of Ventilation:

C-A CONFINED SPACE ENTRY CERTIFICATION

Location <u>PHENIX SOUTH MUON MAGNET</u>		Date <u>8/10/04</u>
Building <u>1008</u>	Area/Location/Room: <u>IR</u>	
Supervisor/Designee <u>SAL MARINO</u>		Classification from C-A Inventory List: <u>N/A</u>
		Life # <u>15767</u>

PRE-ENTRY QUESTIONS

For each item, check "yes" or "no": If no, consult Supervisor

	N/A	YES
Is entry essential to perform work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all employees been trained in confined space entry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are conditions safe to remove utility-hole cover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has opening been guarded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is monitoring equipment calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has monitoring been performed and recorded below?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is GFCI used, if outside or in wet conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is ventilation blown into bottom of space? (If required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to evacuate upon hazard detection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all workers reviewed these entry requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: If present, RWP may be required – review work with ESH Coordinator and/or RCD personnel. Evaluate hazards and controls: <input checked="" type="checkbox"/> Reviewed		

SPACE CLASSIFICATION QUESTIONS

For each item, check box only if "yes"

	Class 2A	Class 2B	Class 2C
Engulfment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems:			
• Deenergized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized, but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Energized Systems: (e.g. steam, sewage)			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but Controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but not controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sources, introduced into space? (e.g. welding fumes, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature/Pressure Hazard? (other than steam utility-holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If ANY box in column 2C is checked, a Confined Space Permit IS required. If any box in column 2B is checked, and none in column 2C, a Confined Space Permit IS NOT required BUT continuous monitoring and ventilating ARE required. If only boxes in column 2A are checked, no additional requirements apply. 			

Classification evaluation

CLASSIFICATION CLASS: <u>2A</u>	I have completed the front and back of this Confined Space Entry Certification form and classified this space. If the confined space is classified as a 2C, I will obtain a Confined Space entry permit from the ESH Coordinator. If the space is Class 2B, continuous monitoring and ventilation is required and will be documented on this form.		
	Supervisor/Designee: <u>SAL MARINO</u>	Life # <u>15767</u>	Date: <u>8/10/04</u>

C-A CONFINED SPACE ENTRY CERTIFICATION

Meter:	Serial #	Calibration Date:
Day of Use Sensor Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SS 2004-133	
Tested By: <i>N/A See WP#</i>	BNL#:	

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Pre-Entry Certification test		<i>N/A See WP#</i>	SS 2004-133		
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Supplemental sampling record

CLASS 2B CONFINED SPACE ENTRY CERTIFICATION

For Class2B spaces, Hourly or Periodic monitoring is required.

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O2)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H2S ppm)	Other:
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Class 2B: Describe Method of Ventilation:

C-A CONFINED SPACE ENTRY CERTIFICATION

Location: <u>PHENIX SOUTH MUON MAGNET</u>		Date: <u>8/4/04</u>
Building: <u>1008</u>	Area/Location/Room: <u>IR</u>	
Supervisor/Designee: <u>SAL MARINO</u>		Life #: <u>15767</u>
Classification from C-A Inventory List: <u>N/A</u>		

PRE-ENTRY QUESTIONS

For each item, check "yes" or "no": If no, consult Supervisor

N/A YES

Is entry essential to perform work?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all employees been trained in confined space entry?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are conditions safe to remove utility-hole cover?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has opening been guarded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is monitoring equipment calibrated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has monitoring been performed and recorded below?*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is GFCI used, if outside or in wet conditions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is ventilation blown into bottom of space? (If required)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to evacuate upon hazard detection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have all workers reviewed these entry requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: If present, RWP may be required – review work with ESH Coordinator and/or RCD personnel. Evaluate hazards and controls.		
<input checked="" type="checkbox"/> Reviewed		

SPACE CLASSIFICATION QUESTIONS

For each item, check box only if "yes"

Class 2A Class 2B Class 2C

Engulfment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entrapment Hazard Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Systems:			
• Deenergized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized, but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Systems:			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Energized Systems: (e.g. steam, sewage)			
• Deenergized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized and Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Energized but Guarded or not Working Hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but Controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Hazards inherent in space, based upon monitoring, but not controllable by ventilating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Sources, introduced into space? (e.g. welding fumes, solvents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Temperature/Pressure Hazard? (other than steam utility-holes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If ANY box in column 2C is checked, a Confined Space Permit IS required. If any box in column 2B is checked, and none in column 2C, a Confined Space Permit IS NOT required BUT continuous monitoring and ventilating ARE required. If only boxes in column 2A are checked, no additional requirements apply. 			

Classification evaluation

CLASSIFICATION CLASS: <div style="font-size: 1.5em; text-align: center;">2A</div>	I have completed the front and back of this Confined Space Entry Certification form and classified this space. If the confined space is classified as a 2C, I will obtain a Confined Space entry permit from the ESH Coordinator. If the space is Class 2B, continuous monitoring and ventilation is required and will be documented on this form.
Supervisor/Designee: <u>SAL MARINO</u>	Life #: <u>15767</u> Date: <u>8/4/04</u>

C-A CONFINED SPACE ENTRY CERTIFICATION

Meter:	Serial #	Calibration Date:
Day of Use Sensor Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Serial # 552004-133	
Tested By: <i>N/A</i>	BNL#:	

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O ₂)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H ₂ S ppm)	Other:
Pre-Entry Certification test					
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

N/A See WP# 552004-133

Supplemental sampling record

CLASS 2B CONFINED SPACE ENTRY CERTIFICATION

For Class2B spaces, Hourly or Periodic monitoring is required.

MONITORING RESULTS

Tested By:		BNL Number:			
Date/ Time	Oxygen % (% O ₂)	Flammable Gas (% LEL)	Carbon Monoxide (CO ppm)	Hydrogen Sulfide (H ₂ S ppm)	Other:
Acceptable Reading	19.5 – 23.5 %	< 10 % of LEL	< 25 ppm	< 10 ppm	

Class 2B: Describe Method of Ventilation:

Muon Magnet Confined Space Entry certification Sheet.

The undersigned certify that they have taken the BNL Confined Space Training within the last twelve months, and understand the hazards involved in working inside the south and north muon magnets (MMS and MMN).

[illegible]